

Exchange Stakeholder Work Group  
Tuesday January 24, 2012  
Meeting Minutes

Attendees: Ted Almon, Linda Katz, Al Charbonneau, Kathryn Shanley, Monica Neronha, Jay Raiola, Terrie Martiesian, Mark Deion, Vivian Weissman, Tom Dwyer, Peter Asen, Susan Roberts, Bonnie Smith, Chris Kent, Brian Jordan, Richard Ohnmacht, Don Nokes, Angela Sherwin, Deb Faulkner, Rich Glucksman, Chris Koller, Susan Rodrigues, Jill Beckwith, Craig Syata, Elizabeth Earls, Arthur Plitt, Craig O'Connor, Steve Detoy, Linda Johnson, Rebecca Kislak, Carrie Bridges, Ed Cooney, Paula Hodges, Alan Post, Rebecca Kislak

- I. Call to Order: Dan Meuse called the meeting to order at 7:30am. He welcomed the group and advised that this would be a second round discussion of the Vision/Mission/Principles/Goals. After lively discussions at the Expert Advisory Committee and the Health Benefits Exchange Board, adjustments have been made since our last session. Advised we would review what some other states have done in this process, and then will delve into the second round of discussion on the vision/mission etc.
- II. Presentation: Looking at other States for example – Maryland, California (Presentation available here: [http://www.healthcare.ri.gov/documents/01\\_24\\_12workgroup%20mission%20part2.pdf](http://www.healthcare.ri.gov/documents/01_24_12workgroup%20mission%20part2.pdf))
  - a. Question from Ted Almon about affordability –do we have a definition of what is affordable?
    - i. Dan Meuse: Great question – do not really have an agreed “definition” of what is affordable. Not sure could come to an agreement on a line of affordability; even those lines set up by the Affordable Care Act (hereafter ACA) are not considered affordable by many. In summer 2010 when the task force was dealing with these issues, there was an understanding that affordability was not a point in time, but rather it was important to work towards making things affordable as we go. We at least now have a federally determined benchmark of affordability. While it doesn’t necessarily give assistance to define on the small business side, etc. We can further review this discussion after this meeting, and bring it back to the work group in future.
  - b. Mark Deion: Concerned that affordability translates to a reduction in the rate of increase. Un-affordability benchmark is people that just cannot afford it. If affordability is only restricting the rate of increase from the current rates that we have, then we cannot address that whole population that cannot afford what is currently available. Agree

it is a moving target – perhaps we focus on making it what is affordable today, and then make adjustments and changes.

- c. Vivian Weissman – I would like to see the discussion of affordability tied to a discussion we also haven't had on health equity.
- d. Careful as affordability is extremely subjective and be careful with painting a broad brush – believe it comes down to control and cost containment, shrinking the rate of increase.
- e. Craig O'Connor: The points on this presentation are for the exchanges themselves? Yes.

### III. Vision/Mission/Principles/Goals –

#### a. Vision

- i. Kathryn Shanley: Still concerned with the phrase better health. Isn't it really better health?

- 1. Dan Meuse: We had an internal staff discussion based on what we are seeking to pull from our conversations. Insurance coverage is a means to better health, and the goal of healthcare reform should not just be access, it should be driving towards the triple aim. Yes, it is an admirable goal, if the exchange does its job right and focuses on providing good coverage that promotes health and provides access to the people purchasing that coverage then one would hope that the outcome would be better health. There was a reticence among the staff, and also the experts, that saying "insurance" alone provides better health.

- ii. Steve Detoy: When you read through the vision, it looks like the exchange is going to be providing that. Perhaps the exchange is a part of health reform efforts, but I see where we're talking about overall health reform efforts, it is important. I believe "supports" is a key word.

#### b. Mission

- i. Linda Katz: Not just identifying health insurance options, it's also to compare options. I feel the core things the exchange needs to do should be captured in the mission. People will be able to access subsidies, and that is more than a how, that is what the mission is – believe these are core pieces needs to go in.

- 1. Dan: There is a second sentence that for now we have taken out, but we can share that to see if that embraces those concepts you just outlined.

- ii. Monica Neronha: What worries me about this sentence is "a robust marketplace for all Rhode islanders." It is more of a robust resource, not a marketplace. To be a marketplace is where you purchase coverage; an environment can be a place to compare, and consume.

1. Ted Almon: I disagree. If we are here to accomplish something, and want it work, it has to be a robust marketplace, otherwise it will just be an intellectual experiment that will not be sustainable.
- iii. Jay Raiola: The most important thing is making sure the exchange can be viable, can be relevant, viable and flexible through lots of different boards, administrations, etc. I know many may think this is going towards an individual market place – but I think that is against. As subsidies kick in, and individual mandates kick in, we need to have this exchange be viable and robust. Cannot put such stringent controls on it.
- iv. Peter Asen: When I think about the limitations of who is eligible, from a technical matter I think the only populations who are excluded are immigrants who are here illegally. In theory you have employer office coverage – even if have to spend more for office coverage, everyone can do that. In terms of who is eligible, I haven't heard anything to this point that would exclude anyone from buying through it. Think it is strange to put that out as a limitation.
  1. Dan Meuse: You are correct that the only people barred from using the exchange are those individuals who are in the country illegally.
- v. Angela Sherwin: Thought on marketplace vs. resource: this mission statement doesn't mention time. If we are thinking about lifetime of exchange and lifetime of Rhode Islanders, do not believe it would be disingenuous to say that it could be a marketplace for all Rhode Islanders, understanding that they may use it as a resource.
- c. Guiding Principles:
  - i. Mark Deion: The list and definitions of fiscal prudence are not assumed just by stating "fiscal prudence"
    1. Dan – that is why we have an intention of placing a clarifying statement afterwards. Manage both internal operations, as well as the effect of the decision the exchange makes, an exchange can run itself very lean, or add on items that are burdensome – which would fail to meet the guidelines of fiscal prudence externally
  - ii. Jill Beckwith: Would like to underscore the earlier comment to add affordability internally, focus on it not just as an entity, looking at it not as just that piece. The first word of ACA is affordable, and I believe firmly in separating out affordability from fiscal prudence here in the principles.
  - iii. Chris Koller: When you say affordability are you thinking overall cost to the consumer or of affordability to the state?
    1. Jill: I am thinking about both. First I am thinking about the consumer, but feel that you cannot also separate out

the overall cost to the consumer. I believe specifying that is important.

- iv. Craig O'Conner: Regarding the alignment of other state initiatives, to me, that gets the idea that the exchange is one tool among others to achieve broader sense of health care reform. Keeping that in mind with what is being done in Office of Health Insurance Commissioner, it may benefit from teasing those other initiatives out.

- 1. Dan: Agree, but note that just because we say alignment with other initiatives this does not mean the exchange cannot assume a leadership role among the other state programs.

- v. Carrie Bridges: I do not see anything about leading population health outcomes in the principles. I feel it would be appropriate to reflect health equity.

- 1. Dan: We do have it in goals, and it becomes an issue of where to place it. Is it a desired outcome of the work of the exchange or is it a reason or value to base decisions? Do we include improved health as a goal, or do we drive decision making through a filter and lens?

- 2. Carrie Bridges: I would suggest that it should be reflected in the goals and the principles.

- 3. Agree – always management teams that need to support wellness and need to be something to support that in guiding principles

- vi. Chris Koller: Concern that there is nothing in the principles that distinguishes the exchange as a public entity. These could be principles that could guide any private group – and perhaps that is how we want it – getting to the discussion of when does the exchange get to the market, and when does it impact public policy? No specific suggestion, just a point.

d. Goals

- i. Mark Deion: Only want to achieve “near universal coverage” not universal?

- 1. Dan: want to have goals we know we can achieve – the exchange on its own would be not be able to achieve universal coverage on its own because of individuals who are in the country illegally.

- 2. Mark Deion: Perhaps say “aspired universal coverage”

- ii. Liz Earls: Would it be worth being more specific in the goals about how you hope to improve health? An opportunity to improve health?

- iii. Susan Rodriguez: If these are long-term policy goals, do we want to confine the last goal to small businesses? Make explicit how long term these goals are, for after 2017 large businesses are eligible as well.

1. Monica Neronha: There are legal implications of that decision, it is a choice that impacts employers. To me, these goals can change over time and I sit here today with very little having been done to operationally set up an exchange. Feel we need to think about what needs to be achieved operationally, and then adjust the goals. Feel it may be wrong to talk out small, being that we are working in a short term. These can adjust. Have goals that aren't data driven, is a concern for an organization - trying to determine what we want this to accomplish without data.

e. Objectives

- i. Is there a reason that it's client and not consumer? Consumer seems more appropriate.
- ii. Craig O'Connor: Can you expand on what other human services assistance programs refer to?
  1. Dan Meuse: Essentially those programs that follow the same or similar type of eligibility process. You can use a single system, so that you have two or three eligibility structures.
- iii. Jill Beckwith: The third objective is the only item that says "over time" Seems a bit strange.
- iv. Craig Syata: Maybe on the third bullet, distinguish between Medicaid and human assistance programs. The exchange has to be able to determine eligibility for Medicaid starting day one, if someone comes in for the exchange, and if it has to determine if they qualify for public programs. I think lumping all into one group is problematic.
  1. Deb Faulkner: The timing requirements are federally defined, which is why that was in this point. There are other elements that we must do or are allowed to do, not sure need to be specified, but want to make sure folks understand the constraints under.
  2. Linda Katz: Perhaps single system to determine eligibility for health insurance and over time, for other human services?
- v. Peter Asen: To go back to the employer point in fourth objective: some discussion of the idea about potentially facilitating a system where employees get to make more decisions. Do you feel that may be incorporated in that first bullet?
  1. Dan Meuse: Did not assume individuals and families were limited to non-employees.
  2. Peter Asen: The consumer-centered process will look similar for an employee; you may have a contribution of some sort for an employer.

- vi. Developing the portal, developing the process – do not see development of human capital to make these seven objectives work. Risk a lot not having portal of utilization. Believe there is gap in the objectives.
- vii. Linda Katz: Maybe this isn't an objective – the navigators system, business plan for sustainability.
  - 1. Dan: When we pulled out things from the mission statement and into objectives that is all we did. There are some other objectives that need to be added that were not in the original mission statement.
- viii. Monica Neronha: Wonder if sustainability should be in the guiding principles?
  - 1. Linda Katz: Thought it might be encompassed in the fiscal prudence.
  - 2. Dan Meuse: We will find a good place for it.
- f. Last Call Comments:
  - i. Cindy Butler: Something I noticed in the California points in the objectives seems to be focusing on an open process. Make sure not built in a vacuum. Agree we have transparency, but an open process that is really driven by the public is an important point to make.
  - ii. Susan Roberts: Use the people here to get that message out.

#### IV. Adjourn